

OREGON HEALTH AUTHORITY TB DRUG ORDER FORM

As of October 2020 – Benton, Clackamas, Clatsop, Deschutes, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Umatilla and Washington do **not** use this form to order drugs. Contact heidi.behm@state.or.us if questions.

 Routine Monthly

 Date Emergency Drugs Needed _____

DRUG	STRENGTH & PILLS PER BOTTLE	Order per Bottle QUANTITY NEEDED	QUANTITY SHIPPED	LOT NUMBER (HS USE ONLY)	EXPIRATION DATE (HS USE ONLY)
INH Isoniazid	100mg/100				
INH Isoniazid	300mg/30				
INH Isoniazid	300mg/100				
INH Isoniazid	SYRUP 50mg/5ml				
Rifapentine, Priftin	150mg/24 pill blister pack				
RIF Rifampin	150mg/30				
RIF Rifampin	300mg/60				
PZA Pyrazinamide	500mg/100				
EMB Ethambutol	100mg/100				
EMB Ethambutol	400mg/100				
Vitamin B6 Pyridoxine	25mg/100				
Vitamin B6 Pyridoxine	50mg/100				
Vitamin D	1000U/100				
Multivitamin Supplement	100 tablets				

SHIP ORDER TO: _____ **COUNTY** _____

Address: _____

City, State, Zip _____

ATTN: _____

Ph: _____ Fax: _____

Comments: _____

Health Services Use Only:

Filled by: _____

Date: _____

Oregon Health Authority/HST/TB

Ph: 503-358-8516

Fax: 971-673-0178



Please contact the TB Program if your order is not as noted on this packing list.

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SPECIAL ORDER DRUGS

The information below **is required** to request special order drugs. We will call you if there are further questions. Otherwise, assume the drug is being shipped. Please do not order more than one bottle or a month supply at a time.

Patient Name: _____

Clinical Indication for Use: _____

Drug Start Date: _____ Anticipated Drug Stop Date: _____

SPECIAL ORDER DRUGS (NOT ALL ARE KEPT IN STOCK--Allow extra time to order from supplier)

DRUG	STRENGTH & PILLS PER BOTTLE	Order per Unit QUANTITY NEEDED	QUANTITY SHIPPED	Lot Number (HS Use Only)	Expiration Date (HS Use Only)
Amikacin	4ml VIALS				
Cycloserine	250mg/30 pill blister pack				
Ethionamide, Trecator	250mg/100				
Levofloxacin, Levaquin	250mg/50				
Levofloxacin, Levaquin	500mg/50				
Moxifloxacin, Avelox	400mg/30				
Para-Aminosalicylate Acid, PAS	4g/30 Packet				
Rifabutin, Mycobutin	150mg/100				
Streptomycin	1g VIALS				
Child Resistant Pouch	Small 8.5x6"				N/A
Child Resistant Pouch	Large 13.5x9"				N/A

SHIP ORDER TO: _____ **COUNTY**

Address: _____

City, State, Zip _____

ATTN: _____

Ph: _____ Fax: _____

Comments:

Health Services Use Only

Approved by: _____

Filled by: _____

Date: _____

Please contact the TB Program if your order is not as noted on this packing list.